

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/744752 FILING DATE

APPLICANT(S)

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3							53					
4	21						54					
5	10						55					
6	01						56					
7	10						57					
8	01						58					
9	10						59					
10	01						60					
11	10						61					
12	01						62					
13	10						63					
14	01						64					
15	10						65					
16	01						66					
17	10						67					
18	01						68					
19	10						69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	19	↓	↓	↓			TOTAL DEP.					
TOTAL CLAIMS	20						TOTAL CLAIMS					

BEST AVAILABLE COPY